

PROFESSIONAL REFERENCES

Have each reference complete a recommendation form and send it directly to Ms. Margaret Vornhagen.

_____	_____
Name	Name
_____	_____
_____	_____
Address	Address
() _____	() _____
Office Telephone No.	Office Telephone No.

Please list the three research projects, **in order of preference**, on which you would like to work. Descriptions of the available research projects may be viewed at the web page www.wise.uc.edu for the UC WISE REWU Program.

	Project	Project Advisor	Date of Meeting with Advisor
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

_____ Check here if you have no preference amongst the projects you listed above.

- ON A SEPARATE PAGE, WRITE A 500-WORD DESCRIPTION OF YOUR REASONS FOR WANTING TO PARTICIPATE IN THE PROGRAM, WHAT YOU HOPE TO GAIN FROM THIS EXPERIENCE, AND YOUR CAREER PLANS AT THE PRESENT TIME.
- ATTACH A UC TRANSCRIPT.

Please note that applicants selected for the summer program must participate during the entire twelve weeks.

I ATTEST THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE.

_____	_____
SIGNATURE	DATE

SEND COMPLETED APPLICATION TO:

Margaret Vornhagen, Program Coordinator, Phone: (513)-556-4423
Room 101, Administration Building
University of Cincinnati, ML 0097
Cincinnati, OH 45221-0097

FOR QUESTIONS CONCERNING THE REWU 2003 PROGRAM, CONTACT:

Urmila Ghia, Chair, REWU 2003 Program
Women in Science and Engineering (WISE)
Department of Mechanical, Industrial and Nuclear Engineering
683 Rhodes Hall Phone: (513)-556-4612
University of Cincinnati
Cincinnati, OH 45221-0072

ALL APPLICATIONS MUST BE RECEIVED BY March 3, 2003.